

# UNITED STATES DISTRICT COURT

for the

Middle District of North Carolina

Division



AUSTIN WAYNE BYRD

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

NORTH CAROLINA DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

23 cv 320

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS (Non-Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	AUSTIN WAYNE BYRD		
Address	HOMELESS MAILING ADDRESS: 8300 WRIGHTS FARM LANE		
	SUMMERFIELD	NC	27358
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	GUILFORD		
Telephone Number	NONE		
E-Mail Address	PROTECTOURRIGHTS@OUTLOOK.COM		

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

## Defendant No. 1

Name	NC DEPARTMENT OF HEALTH AND HUMAN SERVICES		
Job or Title <i>(if known)</i>	MAIN OFFICE		
Address	101 BLAIR DRIVE		
	RALEIGH	NC	27603
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County			
Telephone Number	(800)662-7030		
E-Mail Address <i>(if known)</i>			
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

## Defendant No. 2

Name			
Job or Title <i>(if known)</i>			
Address			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County			
Telephone Number			
E-Mail Address <i>(if known)</i>			
<input type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

Defendant No. 3

Name

Job or Title (if known)

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

☐

Individual capacity

☐

Official capacity

Defendant No. 4

Name

Job or Title (if known)

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

☐

Individual capacity

☐

Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐

Federal officials (a *Bivens* claim)

☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

5TH AMENDMENT

9TH AMENDMENT

14TH AMENDMENT

AMERICANS WITH DISABILITIES ACT OF 1990

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DENIED ME BENEFITS ON MULTIPLE OCCASSIONS DUE TO A DRUG CHARGE IN GEORGIA.

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### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

STATE OF NORTH CAROLINA

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- B. What date and approximate time did the events giving rise to your claim(s) occur?  
APPLIED AND DENIED APPROXIMATELY:

1 - MARCH 2019

2 - NOVEMBER 2022

3 - APPLIED BEFORE THESE DATES - NCDHHS WORKER DENIED THE ABILITY TO LOOK UP DATES ON 04/14/202.

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- C. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

I APPLIED FOR FOOD STAMPS IN MARCH OF 2019 WHILE AT THE TROSA RESIDENTIAL SUBSTANCE ABUSE PROGRAM IN DURHAM AND WAS DENIED. THEY USE FOOD STAMPS TO PROVIDE FOOD FOR THE RESIDENTS THAT ARE TRYING TO BETTER THEIR LIVES. I APPLIED FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM TO TRY TO RECIEVE BENEFITS AND WAS TOLD I WAS NOT ELIGIBLE DUE TO AN OUT OF STATE DRUG CHARGE. NCDHHS INFORMED ME THAT A CLASS G OR HIGHER DRUG RELATED CONVICTION IS GROUNDS FOR DENIAL. I WAS CHARGED WITH A SIMPLE POSSESSION DRUG CHARGE IN THE STATE OF GEORGIA THAT IS LOWER THAN A G CLASS FELONY. DENIAL DUE TO ANY POSSESSION OR POSSESSION WITH INTENT TO SELL/DELIVER DRUG CHARGE IS A VIOLATION OF CONSTITUTIONAL RIGHTS AND DISCRIMINATION AGAINST INDIVIDUALS WITH DISABILITIES. SUBSTANCE POSSESSION IS THE DIRECT RESULT OF A DISABILITY LISTED IN THE ADA OF 1990.

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#### **IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I WENT WITHOUT FOOD AND OCCASSIONALLY HAD VIOLATE OTHER LAWS IN ORDER TO OBTAIN FOOD AND SURVIVE SINCE FOOD IS A NECESSITY OF HUMAN LIFE.

EMOTIONAL DISTRESS  
SEVERE EMOTIONAL DISTRESS  
NEGLIGENT INFLECTION OF EMOTIONAL DISTRESS  
EMOTIONAL DAMAGE  
STARVATION  
PAIN AND SUFFERING

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#### **V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1.) 100,000

FOR THE PAIN AND SUFFERING, SEVERE EMOTIONAL DISTRESS, AND NEGLIGENT INFLECTION OF EMOTIONAL DISTRESS THAT STARVATION, SUICIDAL THOUGHTS, AND THE LOSS OF MORALS AND LOSS OF SELF RESPECT JUST TO SURVIVE AS A HUMAN WITH A DISABILITY. A HUMAN BEING OUT OF INSTINCT DOES WHAT IT HAS TO DO TO SURVIVE.

2.) ANY NORTH CAROLINA LAW REVISED TO ALLOW PEOPLE CONVICTED OF ANY CLASS FELONY DRUG CHARGE TO RECEIVE FOOD AND NUTRITION BENEFITS. DENIAL OF BENEFITS CANNOT BE BASED ON A PERSONS DISABILITY.

ADA OF 1990 LISTS A SUBSTANCE ABUSE ADDICTION AS A DISABILITY. NOT PROVIDING FOOD AND NUTRITION BENEFITS TO SOMEONE WHO HAS A DRUG CHARGE IS DISCRIMINATION. A DRUG CHARGE IS A DIRECT AND UNFORTUNATE RESULT OF A PERSON WITH A DISABILITY. USING THEIR DISABILITY AGAINST THEM IS A VIOLATION OF CONSTITUTIONAL RIGHTS.

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## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 04/14/2023

Signature of Plaintiff

Printed Name of Plaintiff

  
AUSTIN WAYNE BYRD

### B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

Telephone Number

E-mail Address